

COMMONWEALTH OF MASSACHUSETTS
Division Of Insurance

Special Brokers Questionnaire

Name On Special Brokers License _____
SSN/Fed. Tax ID# _____
Date Of License Renewal ____/____/____
Business Name _____ Telephone _____
Bus. Address _____ ZIP _____
HomeAddress _____ Telephone _____

1. Kindly list below the Special Brokers or others who placed Surplus Lines Business with you during the year ending December 31, 2003. Also list total premium and tax received.

<u>Name and Address</u>	4%	
	<u>Net Premium</u>	<u>Prem. Tax</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Kindly list below the Special Brokers or others with whom YOU have placed Surplus Lines business during the year ending December 31, 2003. List total premium and tax paid to each.

<u>Name and Address</u>	4%	
	<u>Net Premium</u>	<u>Prem. Tax</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Brokers Signature _____ Date ____/____/____